



Incident Report

Print Date/Time: 12/22/2016 11:01

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00025082

Incident Date/Time: 12/16/2016 8:10:00 PM
Location: SR 9 NE / SR 204
LAKE STEVENS WA 98258
Phone Number: (425) 220-7569
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
1939	SS0126-Hingtgen

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	LUNDQUIST, MELODY		(425) 220-7569			
1	Involved Party	LE, VAN T	51 W COBBLESTONE LN Sequim WA 983823712	(619) 635-7179		Female	11/28/1992
2	Involved Party	LUNDQUIST, MELODY KAY	3917 121ST DR NE LAKE STEVENS WA 98258	(425) 220-7679	White	Female	04/13/1965

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2015	Kia Motors Corp.	SOUL		AUW1532	WA
Involved Vehicle	Passenger Car	2004	Lexus	GS400		AXF5143	WA

Disposition(s)

Disposition	Count
M	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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12/16/2016 : 20:11:12 SP0262 Narrative: LR262

12/16/2016 : 20:11:01 SP0262 Narrative: KIA SOUL VS LEXUS

12/16/2016 : 20:10:49 SP0262 Narrative: CC, 2 VEHS, PULLED OFF RDWY, NON INJ

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E621639**CASE # **2016-00025082**LOCAL AGENCY
CODINGTOTAL # OF
UNITSOBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **12** - **16** - **2016** **2010** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**SR 204**BLOCK NO. ☒
MILE POST**9200**

DISTANCE

OF (REFERENCE OR CROSS STREET)

200**00**

MILES

☒ N ☐ E ☒ S ☐ W**SR 9 NE**

UNIT 01

MOTOR
VEHICLE☒PEDAL-
CYCLE☐DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

D: 6196357179

LAST NAME

LE

FIRST NAME

VANMIDDLE
INITIAL**T**STREET
NEW ADDRESS**51 W COBBLESTONE LN**

CITY

SEQUIM

ST

WA

ZIP

983823712

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**LE***VT088Q8**

STATE

WA

SEX

FD.O.B.
MMDDYYYY**11****28****1992**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**2**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**AXF5143**

STATE

WA

VIN#

JT8BL69S640015470TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2004

MAKE

LEXS

MODEL

GS44D

STYLE

4DVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **VAN LE 51 W COBBLESTONE LN SEQUIM WA 98382**LIABILITY INSURANCE
IN EFFECT☒INSURANCE CO
& POLICY #**AMERICAN FAMILY 2517-8094-01-71-FPPA-WA**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

UNIT 02

MOTOR
VEHICLE☒PEDAL-
CYCLE☐

PEDESTRIAN

☐PROPERTY
OWNER☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4252207679

LAST NAME

LUNDQUIST

FIRST NAME

MELODYMIDDLE
INITIAL**K**STREET
NEW ADDRESS**3917 121ST DR NE**

CITY

LAKE STEVENS

ST

WA

ZIP

982586461

CDL

RESTRICTIONS

B

ENDORSEMENTS

DRIVER'S
LICENSE #**LUNDQMK350JL**

STATE

WA

SEX

FD.O.B.
MMDDYYYY**04****13****1965**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**2**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**AUW1532**

STATE

WA

VIN#

KNDJN2A20F7184552TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2015

MAKE

KIA

MODEL

SOUL

STYLE

UTVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **MELODY LUNDQUIST 3917 121ST DR NE LAKE STEVENS WA 98258**LIABILITY INSURANCE
IN EFFECT☒INSURANCE CO
& POLICY #**PROGRESSIVE 70028315**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

OFFICER'S NAME (PRINT)

M. HINGTEN

BADGE OR ID #

126

AGENCY

WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E621639**CASE # **2016-00025082**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		LY BUI K																
ADDRESS & PHONE # 51 W COBBLESTONE LN SEQUIM WA 98382										SEX F	D.O.B. MMDDYYYY 09	-	18	-	1992			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Veh #1 and Veh #2 were traeling east on SR 204 between the intersections of 91st/204 and SR 9/204. Veh #1 was in lane #2 and lane #3. The driver of Veh #2 stated that she was simply driving straight in the outside lane when she watched Veh #1 begin to merge into her lane. The driver stated that Veh #1 continued to move over into her lane of travel and struck the drivers side of the vehicle. This strike caused damage to the drivers side fender and rear drives side quarterpanel. The driver of Veh #1 did not understand english well and a description was provided by the passenger. The passenger of Veh #1 stated that they could not see very well and did not see the vehicle there.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN		12-18-16 11:25 PM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLACE SIGNED
APPROVED BY C. WELLS 0131		DATE 12/19/2016 6:30:50 AM	
BADGE OR ID #	126	ORI #	WA0311900
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
8:11 PM		8:22 PM	

REPORT NO. E621639

CASE # 2016-00025082

DATE AND TIME
OF COLLISION 12/16/16 20:10

